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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
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TITLE  
 Delivering genetic material to a stimulation site

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<p>FILING FEE  RECEIVED 1092</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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